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ABSTRACT

Research on rehabilitation counseling has generally focused on the roles and functions of the counselor, client attributes as moderator variables affecting counseling outcome and selected counselor traits thought necessary for the development of effective counseling techniques. After an analysis of the literature, two variables, counselor anxiety and counselor tolerance of ambiguity, are hypothesized to augment rehabilitation counselor selection procedures, help explain why certain counselors engage in selected roles and functions, and to account for some of the variance in case difficulty studies. A theoretical rationale for the importance of the variables in rehabilitation counseling is given and research establishing the inter-relationships of the variables presented. In addition, a paradigm using counselor/client anxiety and tolerance of ambiguity interactions is offered, and reasons for incorporating the variables in counselor research and supervision are discussed. (Author)

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Counselor Anxiety and Tolerance of Ambiguity: Critical Variables in Rehabilitation Counseling

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Over the years one of the dominant issues in rehabilitation counseling has been the role and function of the rehabilitation counselor. This issue centers around whether the rehabilitation counselor is predominately a counselor, that is a therapeutic agent, or a coordinator, a facilitator of service provision. Two studies have analyzed counselor job functions. Sather, Wright, and Butler (1968) found that rehabilitation counselors fell into one of three orientations: coordinator, counselor or counselor-coordinator and Muthard and Salomone (1969) suggested that counselors could be categorized as orientated either to counseling-guidance or to administrative-placement concerns. Bolton (1974) analyzed actual rehabilitation counseling interviews and isolated three interview intervention styles; information providers, therapeutic counselors, and information exchangers. A later study by Bolton (1976) revealed that the three counselor types tended to interact, presumably by choice, with different kinds of clients. According to Bolton (1976) information providers served the least difficult clients, information exchangers, moderately difficult cases and therapeutic counselors the most difficult cases.

The available literature suggests that rehabilitation counselors do place themselves on a counselor-coordinator continuum in terms of job orientation and interview interactions. There has however, been little research to suggest why rehabilitation counselors can be so differentiated. The

purpose of this presentation is to suggest two variables, counselor anxiety and counselor tolerance of ambiguity as critical variables in influencing counselors toward one end of the counselor-coordinator continuum.

Counselor Anxiety

Anxiety is a multidimensional construct with a multiplicity of meanings. To most people anxiety is a felt affect, an unpleasant mental and physiological state. While much research has been conducted on alleviating client anxiety, relatively little is known about the affect of a counselor's anxiety on counseling effectiveness. In an early study Cohen (1952) found that counselor anxiety fostered fear of failure, avoidance reactions and dislike of the client. Russell and Snyder (1963) found that counselors, regardless of experience often reacted to anxious and hostile clients by raising their own anxiety level. Fry (1973) hypothesized that counselors are likely to have developed conditioned anxiety reactions to "human warmth" communicated by others. Reich, (1951) pointed out that overly anxious counselors tend to frequently interrupt the client and Pope and Siegman (1970) cited evidence that in the initial interview anxiety functions as an activator of speech increasing its productivity yet disrupting the flow of the interview. Finally, Bandura (1960) and Carter (1973) found an inverse relationship between the counselor's anxiety level and ratings of therapeutic competence.

Tolerance of Ambiguity

Tolerance of ambiguity has been defined as a "willingness to accept a state of affairs capable of alternative interpretations (English & English, 1958, p. 24)." Conversely, intolerance of ambiguity would be the tendency to perceive ambiguous situations as a threat. Empirical research on tolerance of ambiguity in general and counselor tolerance of ambiguity in particular is scarce. However, tolerance of ambiguity is considered an important attitude for counselors to hold. For example, McDaniel (1967) found a significant relationship between counselor intolerance of ambiguity and supervisor's rating of unsuccessful performance and Brams (1961) found that counselors who create successful counseling relationships are more tolerant of ambiguous materials. Of course the therapeutic counseling interview can be considered a prime example of what Budner (1962) defined as an ambiguous situation; that is where the situation either cannot be structured due to lack of cues, cannot be structured because of too many cues or the available cues are contradictory suggesting many possible structures.

Interrelationship of Counselor
Anxiety and Tolerance of Ambiguity

In an interview situation, counselor response uncertainty to vague client stimuli might cause counselors to experience debilitating anxiety limiting their ability to adapt to the ambiguous situation. Presumably, persons who are more tolerant

of ambiguity would be less likely to be anxious in ambiguous situations. To assess the relationship between counselor anxiety and tolerance of ambiguity three groups of counselor trainees (N=160), completed selected measures of those constructs. The AT-20 (MacDonald, 1970), a 20 item true-false scale was used as a measure of ambiguity tolerance. Because anxiety can be considered to be multi-dimensional in nature, several instruments were used to measure this construct. These instruments consisted of the Welsh Anxiety Scale from the MMPI, the State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1970) and the S-R Inventory of Anxiousness (Endler, Hunt, & Rosenstein, 1962) said to be a measure of anticipatory anxiety. The A-State and SRIA scales were modified so that trainees responded as if they were in a counseling interview. Intercorrelations ranged from -.22 (master's level students, $\underline{n}$=39) between A-State and AT-20 scores to -.42($p<.01$) between A-State and AT-20 scores (second sample of master's level students, n=39). Seven of the eight intercorrelations were significant. All correlations were in the direction suggesting that persons who are more tolerant of ambiguity are also less anxious.

Anxiety and Tolerance of Ambiguity
in Rehabilitation Counseling

Attitudes of the able-bodied toward the disabled has been a popular area of rehabilitation research. Generally, research findings suggest that the disabled are perceived in

a less than favorable light by the able-bodied. Siller, et al. (1967) have suggested that one reason the nondisabled hold negative attitudes toward the disabled is because of social interaction strain. That is interaction with the disabled creates an uncertain or ambiguous situation which can increase social anxiety and tension. Unfortunately, rehabilitation counselors are not immune to holding prejudicial attitudes toward the disabled (Cook, Kunce, & Getsinger, 1976; Wicas & Carluccio, 1971).

The fact that social interactions with visibly disabled persons does raise the anxiety level of the able-bodied has been documented (Davis, 1961; Kleck, 1966; Kleck, Ono & Hastorf, 1966; Marinelli, 1974) and Schneider (1976) has reported on the need to modify counselor trainee anxiety toward counseling interactions with visibly disabled persons.

There is little research which specifically addresses counselor anxiety and tolerance of ambiguity as important variables in rehabilitation counseling. However, Cook, Kunce, and Getsinger (1976) found that less effective counselors were significantly more inconsistant in judging "personality traits" of pictures of persons they were lead to believe were disabled than were more effective counselors. Assuming that determination of personality characteristics from pictures of people is an ambiguous task it is worthwhile to note that when biasing instructions were entered into the task (i.e., that some of the pictures were of disabled persons)

less effective counselors tended to impart sexual stereotypes on the pictures of "disabled persons." That is less effective female counselors upgraded their ratings of the disabled, and less effective male counselors downgraded the disabled, in comparison to normals. If we can construe picture rating as an ambiguous task then it is important to note that more effective counselors tended to suspend judgment whereas less effective counselors may have added structure to the task by relying on stereotypical and/or prejudical attitudes.

Implications for Practice and Research

Considering the apparent relationship between counselor anxiety and tolerance of ambiguity and the social interaction strain that may occur when the able-bodied interact with the visibly disabled, it can be hypothesized that some rehabilitation counselors may be particularly vulnerable to interview related ambiguity and experience concomitant debilitating anxiety. This hypothesized vulnerability may help explain why some counselors gravitate toward a coordinator role and others a more therapeutic role, have important ramifications for counselor training and supervision and be a promising area of rehabilitation research.

For example, counselor anxiety or counselor tolerance of ambiguity *per se* may account for little of the variance in counseling outcome and interpersonal attraction studies.

Rather it may be the interaction of counselor anxiety and counselor perception of ambiguity in the counseling relationship to which researchers should turn their attention. Such research would follow the revitalization of person by situation interactionism in personality research (Sechrest, 1976).

Another logical question is if counselors who are anxiety prone and/or intolerant of ambiguity do experience increased and debilitating anxiety in counseling interactions with the visibly disabled, then will such counselors tend to develop more structured counseling approaches (e.g., adapt a coordinator orientation)? Basically there are two defenses to anxiety induced stress, flight or fight. Within the interview the rehabilitation counselor hardly has the option of fight. However, psychological flight through excessive structuring of the interview (e.g., Bolton's {1976} information providers) is indeed plausible. For example, Blocker (1966) has noted that counselors often use closed questions to reduce ambiguity, hampering productive communication. And besides noting that counselors with high tolerance of ambiguity do less talking in the interview Gruberg (1969) has concluded that there is a significant relationship between tolerance of ambiguity and counselor orientation toward counseling.

Finally, Bolton (1974, p. 39) noted that "the therapeutic counseling style is clearly the product of academic training-high GPA, supervised counseling experience, . . .

'paperwork' rated unimportant, experience in tape recording interviews, inclined to use research findings, and client-centered or eclectic counseling orientation." And Krauft, Rubin, Cook and Bozarth (1976) noted that "counselors who held more positive attitudes toward the disabled experienced greater success than less positive counselors when working with clients perceived to have those disabilities most different from the able-bodied" (p. 50). Positive attitude counselors had significantly more education and experience than less positive attitude counselors. It may be that academic training, either through selection or actual experience produces counselors more able to tolerate ambiguity and anxiety in interactions with the disabled. Parenthetically there is some evidence (Cook, 1975) to suggest that graduate counselor trainees with high ambiguity tolerance prefer experiential supervisory experiences, whereas persons with low ambiguity tolerance prefer didactic supervisory experiences. It may be that the amount of ambiguity tolerated and amount of anxiety perceived affect a counselor's preferred mode of supervision.

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